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PTO/SB/50 (modified) (02-01)

Approved for use through 01/31/2004. OMB 0651-0033

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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## REISSUE PATENT APPLICATION TRANSMITTAL

<b>Address to:</b>  <b>Mail Stop Reissue Commissioner For Patents P. O. Box 1450 Alexandria, VA 22313-1450</b>	<b>Attorney Docket No.</b>	18602-08098
	<b>First Named Inventor</b>	James D. Kelly et al.
	<b>This application is a</b>	<b>Continuation</b> of 10/006,939 which is
	<b>Original Patent Number</b>	REI of 5,996,036
	<b>Original Patent Issue Date (Month/Day/Year)</b>	Patent issued November 30, 1999
	<b>Express Mail Label No.</b>	EV342133814US

### APPLICATION FOR REISSUE OF: (check applicable box)



Utility Patent



Design Patent



Plant Patent

#### APPLICATION ELEMENTS

1. ☒ \*Fee Transmittal Form (PTO/SB/56)  
(Submit an original, and a duplicate for fee processing)
2. ☐ Applicant claims small entity status. See 37 CFR 1.27.
3. ☒ Specification and Claims in double column copy of patent format (amended, if appropriate) from parent reissue application
4. ☒ Drawing(s) (proposed amendments, if appropriate)
5. ☒ Reissue Oath/Declaration (executed) copy from parent reissue application  
(37 C.F.R. § 1.175)(PTO/SB/51 or 52)
6. Original U.S. Patent currently assigned?  
☒ Yes ☐ No  
(If Yes, check applicable box(es)) copies from parent reissue application  
☒ Written Consent of all Assignees (PTO/SB/53)  
☒ 37 C.F.R. § 3.73(b) Statement ☐ Power of Attorney (PTO/SB/96)

#### ACCOMPANYING APPLICATION PARTS


7. ☐ Statement of status/support for all changes to the claims. See 37 CFR 1.173(c).
8. ☒ Original U.S. Patent for Surrender  
☒ Ribbioned Original Patent Grant  
Previously surrendered in parent reissue application 10/006,939  
☐ Offer to Surrender Patent
9. ☐ Foreign Priority Claim (35 U.S.C. 119) (if applicable)
10. ☐ Information Disclosure Statement (IDS)/PTO/SB/08A ☐ Copies of IDS Citations
11. ☐ English Translation of Reissue Oath/Declaration (if applicable)
12. ☒ Preliminary Amendment and Statement of status/support for all changes to the claims. See 37 CFR 1.173(c).
13. ☒ Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
14. ☐ Other: \_\_\_\_\_

#### 14. CORRESPONDENCE ADDRESS

☒ Customer Number or Bar Code Label

or ☐ Correspondence address below

00758

<b>Name (Print/Type)</b>	Daniel R. Brownstone	<b>Registration No. (Attorney/Agent)</b>	46,581
<b>Signature</b>		<b>Date</b>	September 22, 2003

16591 U.S. PTO

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09/22/03

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**REISSUE APPLICATION FEE TRANSMITTAL FORM**

Docket Number (Optional)

18602-08301

**Claims as Filed - Part 1**

Claims in Patent	For	Number Filed in Reissue Application	(3) Number Extra	Small Entity Rate	Small Entity Fee	Other than a Small Entity Rate Fee	
(A) 17	Total Claims (37 CFR 1.16(j))	(B) 2	**** 0 =	x \$ ____ =		or	x \$18.00 =
(C) 3	Independent Claims (37 CFR 1.16(i))	(D) 2	* 0 =	x \$ ____ =			x \$84.00 =
Basic Fee (37 CFR 1.16(h))					\$ ____	OR	\$ 750.00
Total Filing Fee					\$ ____		\$ 750.00

**Claims as Amended - Part 2**

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	*** 2	MINUS	** 20 =	* = 0	x \$ ____ =	or	x \$18.00 =	0.00
Independent Claims (37 CFR 1.16(i))	*** 2	MINUS	***** 3 =	= 0	x \$ ____ =		x \$84.00 =	0.00
Total Additional Fee						\$ ____	OR	\$ 0.00

- \* If the entry in (D) is less than the entry in (C), Write "0" in column 3.  
 \*\* If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.  
 \*\*\* After any cancellation of claims  
 \*\*\*\* If "A" is greater than 20, use (B-A); if "A" is 20 or less, use (B-20).  
 \*\*\*\*\* "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

- ☐ Applicant claims small entity status. See 37 CFR 1.27.
- ☒ Please charge Deposit Account No. 19-2555 in the amount of \$ 750.00.  
 A duplicate copy of this sheet is enclosed.
- ☐ The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. \_\_\_\_\_.  
 A duplicate copy of this sheet is enclosed.
- ☐ A check in the amount of \$ \_\_\_\_\_ to cover the filing fee is enclosed.

September 22, 2003  
 Date



Signature of Applicant, Attorney or Agent of Record

Daniel R. Brownstone, Reg. No. 46,581

Typed or printed name

18602/08098/SF/5107315.1

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.